



## State Leadership Conference (SLC) Registration Information

**Wednesday-Friday, April 8-10, 2015**

<b>Registration</b>	<p><b>Online Registration opens February 6, 2015</b></p> <ul style="list-style-type: none"> <li>○ <b>Go to “Advisor Services” on the National HOSA website.</b></li> <li>○ <b>Login to “Chapter Advisor” and then click on conference registration. Choose “Idaho SLC 2015”</b></li> <li>○ <b>If you have any problems, contact Michelle Graves at 208-412-7068 or <a href="mailto:michelleg@uidaho.edu">michelleg@uidaho.edu</a></b></li> </ul>
<b>Registration Fee</b>	<b>\$60.00 per student delegate, advisor, chaperone, or guest.</b>
<b>Send payments</b>	<p><b>Checks payable to:</b> “Idaho HOSA”</p> <p><b>Mail to:</b> College of Western Idaho Attn: Tricia Curtis Mail stop 1000 PO Box 3010 Nampa, ID 83653-3010</p>
<b>Registration Deadline</b>	<p>Closes at midnight Mountain Time (MST) on February 27, 2015.</p> <p><b>NO late registration accepted.</b></p>
<b>On-Line Testing</b>	<p><b>On-line testing will be completed <u>March 6<sup>th</sup>-20<sup>th</sup></u></b> at your home school. See the attached “event list” for these selected events. More details will follow with instructions for on-line testing.</p>
<b>Refunds</b>	No refunds will be made for cancellations after midnight Mountain Time (MST) on March 20, 2015.
<b>National Affiliation</b>	Chapters must be affiliated with National HOSA by February 1st, 2015.
<b>Recognition Awards</b>	All “Recognition Awards” packages <u>must be</u> turned in at SLC on April 8, 2015 <u>at the Advisors meeting</u> . <b><u>No Exceptions.</u></b>
<b>HOSA Bowl</b>	Allowed only <u>one team per Chapter</u> .
<b>State Officer Applications Due</b>	<p>March 20, 2015 for State Advisor approval</p> <p>Packets are available on the Idaho PTE HOSA website</p>

<p><b>Advisor</b></p> <p><b>Conference Procedures</b></p>	<p>All Conference delegates must have an advisor in attendance. One advisor or chaperone for every 10 delegates recommended.</p> <p>Pick-up registration packets upon arrival at Hotel. Packets contain the official programs, conference badges and gifts.  <b>All student delegates and adult advisors must wear their name badges at all times during the conference.</b></p>
<p><b>Substitutions</b></p> <p><b>Raffle Gift Baskets</b></p> <p><b>“Penny Wars”</b></p> <p><b>Image Policy And Opt-Out Provision Form</b></p> <p><b>Code of Conduct</b></p> <p><b>Medical Release Forms</b></p> <p><b>PROCTOR for ON-LINE Testing</b></p>	<p>Substitutions may be done provided the student delegate meets the requirements of an SLC delegate, is entering the same event, and the information is received in the state office by March 22, 2015.</p> <p>All chapters are requested to bring a “Raffle Basket” to donate. All money raised will go towards the <b><i>Idaho HOSA Scholarship Fund</i></b>. Thank you ahead of time!</p> <p><b>Fundraiser for Idaho Scholarship Fund:</b> encourage students to bring their pennies! All pennies in their own schools jug counts as points; all silver coins given to other schools deducts from their points. The most points wins the Penny War Trophy for their Chapter!</p> <p>Idaho HOSA Image Policy and Opt-Out Provision forms need to be copied and alphabetized. All copies of the opt-out forms will be turned in at advisors meeting on April 8, 2015. A copy of this should be kept on file at your home school.</p> <p>Signed Code of Conduct forms will be turned in at Advisors meeting on April 8, 2015. A copy of the Student Delegate’s Code of Conduct to be kept with the advisor.</p> <p>A completed Medical Release Form needs to be kept with the advisor at all times during the conference.</p> <p>Each advisor MUST select an on-line testing site and proctor for the events which will be tested on-line. Special instructions:</p> <ol style="list-style-type: none"> <li>Advisors then need to SUBMIT their proctors on-line under the “conference registration” page on the National Website.</li> <li>This proctor must be a 3<sup>rd</sup> party entity, not connected to HOSA.</li> <li><b>The proctor is then required to sign the “Proctors Code of Ethics”</b> form and be available to proctor the computer lab during testing. Form to be scanned and emailed to Michelle Graves <a href="mailto:michelleg@uidaho.edu">michelleg@uidaho.edu</a></li> </ol>



## Event List for Idaho HOSA State Leadership Conference 2015 and Event Codes

### Conditions and Rules for HOSA Competitive Events

Students may register for one event that is an online Skills test and one Knowledge/ non-online written test to be taken at SLC.

**AND**

Students may register for one event in either Leadership Events **OR** Teamwork Events

**AND**

Students may register for **ANY** event in Recognition Events

### Health Science Events

DT	Dental Terminology
MT	Medical Terminology
MS	Medical Spelling -Online
MM	Medical Math
MR	Medical Reading

### *Knowledge Tests (NOT online)*

KP	Pathophysiology
KN	Nutrition
KG	Human Growth and Development
KH	Pharmacology
KM	Medical Law and Ethics
KT	Transcultural Healthcare

### Health Professions Events/ Emergency Preparedness Events

BT	Biomedical Laboratory Science- Online
CL	Clinical Specialty
NA	Nursing Assisting- Online
HH	Home Health Aide - Online
DS	Dental Science- Online
PT	Physical Therapy- Online
SM	Sports Medicine- Online
VS	Veterinary Science- Online
PC*	Personal Care*- Online
EM	Emergency Medical Technician- Online
CT	CERT Skills- Online
EP	Epidemiology
CP	CPR/First Aid- Online
LS	Life Support Skills*- Online

### Leadership Events

EH	Extemporaneous Health Poster
EW	Extemporaneous Writing
JS	Job Seeking Skills
PS	Prepared Speaking
SS*	Speaking Skills*
	<i>Topic:</i>
	• HOSA: LEAD!
RS	Researched Persuasive Speaking
	<i>Topics:</i>
	• Childhood Vaccines: Parents Choice?
	• Should Children Play Contact Sports?
IS*	Interviewing Skills*
MP	Medical Photography
HL	Healthy Lifestyle

### Teamwork Events

CA	Community Awareness Project
CS	Creative Problem Solving -Online
HB	HOSA Bowl -Online
PP	Parliamentary Procedure -Online
HD	Health Career Display
BD	Biomedical Debate -Online
HE	Health Education
FM	Forensic Medicine -Online
PA	Public Service Announcement

*Topic:*

*Concussions: Prevention, Recognition and Treatment*

### Recognition Events

OC	Outstanding HOSA Chapter
HC	Healthcare Issues Exam
OL	Outstanding State Leader
NS	National Service Project
BJ**	Barbara James Service Award
	**must register hours on National HOSA website
NL	HOSA Happenings
MRC	MRC Volunteer Recognition

\*Note: only for students classified under the federal regulation, Individuals with Disabilities Education Act of 1997-Amended IDEA. A special needs Student Eligibility Form is included in Section B of National HOSA Handbook.

## Hotel Information

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**The Boise Hotel and Conference Center** [www.theboisehotel.com](http://www.theboisehotel.com)

3300 S. Vista Ave

Boise, ID 83705

Fax: 208-344-8156

**Rachelle Ehlers-Wardle** | Sales Manager

[rachelle@tmhospitality.com](mailto:rachelle@tmhospitality.com)

**Advisors are responsible** to make reservations for their chapters. All student delegates are strongly encouraged to stay at the designated hotel. **A \$30.00 fee will be added if you are NOT staying at the designated conference hotel: The Boise Hotel and Conference Center.**

**Room assignments** are REQUIRED by the hotel. Reserving Hotel rooms needs to be done by emailing Rachelle Ehlers-Wardle, Sales Manager at [rachelle@tmhospitality.com](mailto:rachelle@tmhospitality.com) directly and sending in your room-name list at the same time, this way you do NOT have to reserve with your personal credit card and she will guarantee that your rooms are all together. The reservations phone line will NOT take your reservations. Please be sure to attach your rooming-list to the email. She will then reply with your reservation numbers. Room assignments are **DUE** to Rachelle by March 20, 2015.

**Tax Exemptions:** When paying through your school you can set up a tax exempt status with your school's tax exempt number. Request a hotel-specific tax exempt form from Rachelle from the above email. **Turn-in the proper documentation PRIOR to arrival.** If you are paying individually, tax will be your responsibility.

**Purchase Orders:** P.O.'s are due to the hotel prior to check-in. Please fax, scan, or mail P.O.'s to Rachelle at the address above. **If paying by check, these must be turned in at time of check-in.**

**Rooms:** The HOSA block group rate: is **\$89.00 plus 13% tax** per night whether they are single, double, triple or quad rooms. There is a \$30 room fee per person for those **not staying at The Boise Hotel and Conference Center. This is to assure that we can cover the cost of the convention center.** If you are paying individually, tax will be your responsibility.

**Current State Student Officer's rooms** will be paid by Idaho HOSA. These reservations will be made by Michelle Graves—State Coordinator.

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### **POLICY ON MISSING THE CLOSING AWARDS CEREMONY**

If a student misses closing ceremonies, **NO** medal is awarded and the student is disqualified from competing at nationals. Extenuating circumstances such as a family emergency or a legitimate school event **may be considered** the exception to this rule. If feasible the advisor will submit a request prior to the SLC registration deadline, documenting the extenuating circumstances why the student will miss Closing Ceremonies. Requests are submitted to Joanne Clovis, State Advisor for consideration. [Joanne.Clovis@pte.idaho.gov](mailto:Joanne.Clovis@pte.idaho.gov). The medal/award will be mailed to the student delegate if this exception is approved. The delegate may then compete nationally with no repercussions.

## IDAHO HOSA

### Medical Liability Release Form

Directions: Due to legal restrictions, it is necessary that all student delegates, parent/guardians, guests and IDAHO HOSA Advisors complete this form to be eligible to attend any Idaho HOSA State Leadership Conference. This form should be completed and a copy submitted to advisor. **Medical Release Forms need to be kept with the advisor at all times during the conference.**

**PLEASE TYPE OR PRINT ALL INFORMATION**

Name: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian/Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Local Advisor: \_\_\_\_\_ School Name: \_\_\_\_\_

Student is covered by medical insurance: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, complete the following information:

Name of insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please completely describe any medical condition which may recur or be a factor in medical treatment:

- |                               |                               |
|-------------------------------|-------------------------------|
| a. Allergies: _____           | e. Physical Handicap: _____   |
| b. Convulsions: _____         | f. Medicine Reactions: _____  |
| c. Blackouts: _____           | g. Disease of any kind: _____ |
| d. Heart/lung problems: _____ | h. Other (be specific): _____ |

**If currently taking medication, please provide the following information:**

Name of medication: \_\_\_\_\_ Prescribing Physician/Phone Number: \_\_\_\_\_

#### **Liability Release,**

I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this conference. I hereby release IDAHO HOSA Board of Directors, State and Local Chapter Advisors, State Division of Professional-Technical Education, and any designated individual in charge of the HOSA chapter group or specific activity from any legal or financial responsibility with respect to my personal or my student delegate's/child's participation in or contact with any known element associated with an activity including competitive events.

**Parent/Guardian: Please check one of the following and sign your name.**

- ☐ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- ☐ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicable for student delegates under the age of 18 and must be signed by the parent or legal guardian).

Delegate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IDAHO HOSA Code of Conduct

**(Code of Conduct form must be completed and given to the Chapter Advisor. All chapter Code of Conduct forms will be turned in at SLC Headquarters upon arrival at SLC.)**

A good reputation enables members to take pride in their organizational. IDAHO HOSA members have an excellent reputation. Your conduct at any IDAHO HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and IDAHO HOSA.
2. The general sessions should be enthusiastic but we must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. Students who do not adhere to general session protocol will be asked to leave the conference.
3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to the audience and those that are on stage.  
Student delegates are to abide by the SLC Attire Policy at all business sessions, general sessions, competitive events and other conference activities. Please refer to the following website for questions:  
<http://demo.hosa.org/sites/default/files/HOSA%20Dress%20Code%20Feb%202013Web.pdf>
4. Student delegates not adhering to the dress policy for all general sessions and events at SLC will **NOT** be admitted.
5. School tags, state badges or ID's must be removed or completely covered during competition.
6. Students shall keep their advisors informed of their activities and whereabouts at all times. (IDAHO HOSA Conference name badges shall be worn at all times).
7. Members are to report any accidents, injuries or illnesses to their local or state advisor immediately.
8. Members are expected to observe the designated curfew. (Curfew means being in your own room by the designated hour).
9. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
10. Under-age members/participants attending the State Leadership Conference may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
11. No weapons of any sort are allowed on student's person, room, transportation or luggage.
12. Smoking is prohibited at the conference.
13. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
14. Any long distance phone calls, charges to rooms, etc. will be the responsibility of the individual student and/or parents.

**By signing below you confirm that you have read the above Code of Conduct for IDAHO HOSA Conferences and agree to abide by these rules.**

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Print Name of Student

Student Delegate Signature

Date

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Print Name of Parent or Guardian

Parent/Guardian Signature

Date

# IDAHO HOSA

## Advisor Code of Conduct

1. IDAHO HOSA Advisors project a positive and professional image of Health Occupations Education and IDAHO HOSA to all those with whom they interact.
2. IDAHO HOSA Advisors promote IDAHO HOSA as a positive student experience; therefore, will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
3. IDAHO HOSA Advisors are accountable to and for their students in all IDAHO HOSA related activities.
4. IDAHO HOSA Advisors understand and follow established processes within the organization that protect the rights of all members.

IDAHO HOSA advisors are proud of the standard of excellence they maintain for themselves and their students. Attendance at any IDAHO HOSA function implies acceptance and practice of these standards.

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**I HAVE READ THE ABOVE CODE OF ETHICS FOR IDAHO HOSA ADVISORS AND AGREE TO ACCEPT AND PRACTICE THESE STANDARDS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Idaho HOSA Image Policy and Opt-Out Provision

Idaho HOSA, as part of the National HOSA Organization, asks that chapter HOSA advisors notify the state HOSA office of photo/video release objections from their students. Idaho HOSA reserves the right to take photo and video images at its public events when its members are engaged in related activities held in public venues. Idaho HOSA reserves the right to own, alter, reproduce, and distribute its images. Participants engaged in the activities of the Idaho HOSA assume that their image may be taken at one of its many public events. Members and advisors that wish to **opt out and decline** their image being released must fill out the bottom section of this form and submit it to the state HOSA office at least 24 hours before the next state event.

It is the responsibility of the chapter advisor to adhere to his/her local school district policies and procedures related to image releases. If a local school district prohibits the release of its students' images, the chapter advisor must notify the state HOSA office. Local school district policy supersedes state HOSA policy as related to image release.

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Complete this section to **opt-out and decline** an image being released to the Idaho HOSA

Printed Name: \_\_\_\_\_

Chapter: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Guardian Signature (if member is under 18 years of age): \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Length of time to keep the opt-out/image non-release on file: \_\_\_\_\_

## **HOSA T-SHIRT**

You can order a HOSA T-shirt ONLY during ONLINE registration.

Price - \$10.00 each

T-shirt will be dark gray design to be determined.

Advisors will be emailed with the final design in February

**HOSA T-Shirts will not be available after  
on-line registration has closed.**

**2015 Idaho HOSA Pin Design to be finalized in February  
\$1.00 each; orders to be placed with online registration.**

Bulk orders of Lapel Pins to be requested via email to  
Michelle Graves: [michelleg@uidaho.edu](mailto:michelleg@uidaho.edu)